## PART B - FEE(S) TRANSMITTAL

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Complete and send this form together with applicable fee(s), to: Mail			Commissioner P.O. Box 1450 Alexandria, Vi	Alexandria, Virginia 22313-1450		
INSTRUCTIONS. This form should be used for treat appropriate. All furner appropriate indicated unless corrected of directed otherwise maintenance fee notifications.		-		quired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block   for any change of address)  Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, n have its own certificate of mailing or transmission.  INTERNATIONAL BUSINESS MACHINES  Certificate of Mailing or Transmission						
CORPORATION DEPT. 18G BLDG. 300-482	I hereby certify that States Postal Service addressed to the M transmitted to the U	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
2070 ROUTE 52		(Depositor's name)				
HOPEWELL JUNCTION, NY 12533				(Signature)		
		(Date)				
APPLICATION NO. FILING DATE	FIRST NAMED INVEN		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/663,553 09/16/2003	Wenjie Li		jie Li	FIS920030018US1	2582	
TITLE OF INVENTION: NEGATIVE RESIST COMPOSITION WITH FLUOROSULFONAMIDE-CONTAINING POLYMER						
06/07/2005 MBEYENE2 00000105 090458 10663553 01 FC:1501 1400.00 DA						
02 FC:1504PPLN. TYP800.00 DA SMALL ENTITY	ISSUE F	ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO	\$1400	\$1400		\$1700	08/17/2005	
EXAMINER ART UN		iT	CLASS-SUBCLASS			
RABAGO, ROBERTO	RABAGO, ROBERTO 1713		430-270100			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  International Business Machines Corporation Armonk, New York						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🛣 Corporation or other private group entity						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.						
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Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any of Deposit Account Number					credit any overpayment, to	
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Authorized Signature						
Typed or printed name Steve Capella Registration No. 33,086						

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